



**BUSINESS LICENSE COMMISSION**  
**COUNTY OF LOS ANGELES**  
374 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CA 90012  
(213) 974-7691



April 27, 2011

Mengfei Li  
Health Foot Spa  
27051 McBean Park Way 107  
Valencia, CA 91355

MEMBERS  
**STEVEN AFRIAT**  
*PRESIDENT*  
**RENÉE CAMPBELL**  
*VICE-PRESIDENT*  
**SARA VASQUEZ**  
*SECRETARY*  
**JAMES BARGER**  
*COMMISSIONER*

**HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL/SC**  
**BUSINESS LICENSE ID #137854**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, May 11, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

**RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Twila P. Kerr  
Commission Staff

STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE:.....04/14/2011  
2<sup>ND</sup> PUBLISHING DATE:.....04/21/2011  
3<sup>RD</sup> PUBLISHING DATE:.....04/28/2011

REPRINTS ORDERED: NONE

**NOTICE ON HEARING TO CONDUCT**

MASSAGE PARLOR-GENERAL /SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....27051 MCBEAN PARK WAY 107  
VALENCIA, CA 91355  
NAME OF APPLICANT:.....HEALTH FOOT SPA / MENGFEI LI  
HEALTH FOOT SPA  
DATE OF HEARING:.....05/11/2011  
TIME OF HEARING:.....09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO"**

**OFFICE OF THE COMMISSION:**

OFFICE OF THE COMMISSION  
500 W. TEMPLE STREET RM. 374  
LOS ANGELES, CA 90012

**RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **27051 MCBEAN PARK WAY 107, VALENCIA, CA 91355**

TELEPHONE: **(818) 800-5506**

OWNER OF BUSINESS: **MENGFEI LI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALTH FOOT SPA**

MAILING ADDRESS: **729 E GRAND AVE, SAN GABRIEL, CA 91776**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input checked="" type="checkbox"/> 3. Building & Safety	YES	03/16/11	_____
<input checked="" type="checkbox"/> 4. Fire Department	YES	01/21/11	_____
<input checked="" type="checkbox"/> 5. Public Health	YES	04/06/11	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	04/05/11	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/19/10	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	04/14/11	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/05/11	_____

Conditions:





S.C

# Massage Parlor



## Treasurer & Tax Collector Application for Business License

Fee: \$ \_\_\_\_\_

I.D. # 137854Type of Business Massage parlorAddress of Business 27051 McBean Park way #107 Valencia CA 91355Bus. Phone (818) 800 5506 Fax Phone ( ) \_\_\_\_\_ Home Phone 626 872 7216  
820 872 7147DBA (Bus. Name) Health Foot SpaApplicant's Full Name MENGFEI LIMailing Address 729 E Grand Ave San GABRIEL CA 91776Home Address 729 E Grand Ave San GABRIEL CA 91776

S# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

State Driver's Lic. / I.D. Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Male \_\_\_\_\_ Female ☒ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

### Business Ownership Structure

Single Owner \_\_\_\_\_ Partnership \_\_\_\_\_ LLC ☒ Corporation \_\_\_\_\_

### "Corporation / LLC Status"

Date of Incorporation 10/16/10 Incorporated in the State of CALegal Corporate Name Health Foot Spa LLC

Name of Officers	Addresses	Title
<u>Meng Fei Li</u>	<u>729 E. Grand Ave #J San Gabriel CA 91776</u>	<u>MBR</u>
<u>Aizhen Zhang</u>	<u>729 E. Grand Ave #J San Gabriel, CA 91776</u>	<u>Sole MBR</u>

Information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to any additional information that may be required; to conduct all phases of this business license in accordance with regulations established for such and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

10/18/10 Applicant's Signature [Signature]

 Preparation Taken by: [Signature] Date: 10/18/2010

# CALIFORNIA MASSAGE THERAPY COUNCIL

By authority of the State of California Code B&P Section 4600,  
the California Massage Therapy Council hereby awards to

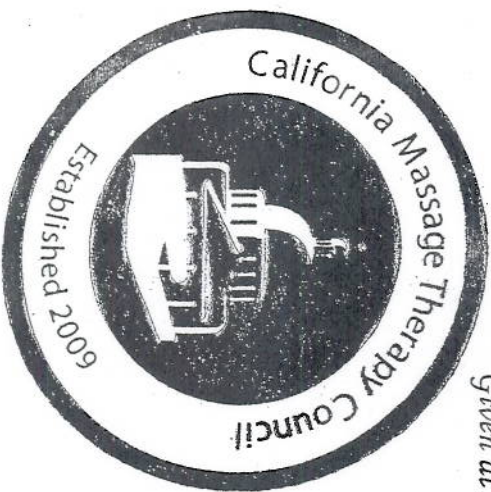
Mengfei Li

the designation of

## Certified Massage Therapist

*Let it be known by all that, having met the standards set forth by the California Massage Therapy Council and having demonstrated knowledge of applicable disciplines related to the practice of massage therapy, Mengfei Li is recognized as a CMT in good standing, including all the rights and privileges pertaining thereto, as witnessed by the signature below.*

*Given at Sacramento, California, Wednesday, September 15, 2010.*



*Beverly May*  
Beverly May, Chairman of the Board  
California Massage Therapy Council  
CMTA, One Capitol Mall, Suite 320, Sacramento, CA 95814

CERTIFICATE # 13926

EXPIRES: 9/15/2012

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.cmtc.org](http://www.cmtc.org)



# ZONING REFERRAL

I.D. #: 137854

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # ~~302~~ 104  
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
335-A EAST AVENUE K-6  
LANCASTER, CALIFORNIA 93535

DATE: 7-20-10

TYPE OF BUSINESS(ES) Massage Parlor - General

ADDRESS OF BUSINESS 27051 McBean Pkwy Valencia CA 91355

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF OWNER AI zhen zhang MENG ZI LI

"DBA" Health spa TEL. #: 818-8005506

MAILING ADDRESS 729 E Grand Ave #1 San Gabriel CA 91776

EXISTING USE YES ( ) NO ☒

USE PERMITTED IN ZONE CC USE NOT PERMITTED IN ZONE \_\_\_\_\_  
"APPROVED" "DENIED"

REMARKS \_\_\_\_\_

  
SIGNATURE OF ZONING OFFICER

7-22-10  
DATE

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27051 MCBEAN PARK WAY 107, VALENCIA, CA 91355

TELEPHONE: (818) 800-5506

OWNER OF BUSINESS: MENGFEI LI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALTH FOOT SPA

MAILING ADDRESS: 729 E GRAND AVE, SAN GABRIEL, CA 91776

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE: Lulfiger H

DATE: 12/8/10

BASIC LICENSE NO. 8430

DATE 10/19/10

IDENTIFICATION NUMBER 137854

10/26/10  
70 #8

9201.61

Jan. 19. 2011 4:25PM SANIA CLARKIA FIRE PREVENTION  
Jan-18-2011 01:38pm From-LACOFD FIRE MARSHAL

3238904055

No. 3861 P. 2  
T-088 P.002/802 F-910

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street, Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

NR50

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 27051 MCNEAN PARK WAY 107, VALENCIA, CA 91355

TELEPHONE: (818) 800-5506

OWNER OF BUSINESS: MENGFEI LI

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALTH FOOT SPA

MAILING ADDRESS: 729 E GRAND AVE, SAN GABRIEL, CA 91776

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNERS NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: 

SIGNATURE: 

DATE: 1/19/11

BASIC LICENSE NO. 2450

DATE 10/29/10

IDENTIFICATION

1070511



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27051 MCBEAN PARK WAY 107, VALENCIA, CA 91355

TELEPHONE: (818) 800-5506

OWNER OF BUSINESS: MENGFEI LI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALTH FOOT SPA

MAILING ADDRESS: 729 E GRAND AVE, SAN GABRIEL, CA 91776

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY****SANTA CLARITA**☒ APPROVAL☐ DENIALRECOMMENDATION: Certificate of Occupancy issued  
under permit # BLD11-00208SIGNATURE: *John R. Ryan*DATE: 3/3/11

BASIC LICENSE NO. 8430

DATE 01/19/11

IDENTIFICATION NUMBER 137854

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

✓ Valencia  
910-01524

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL/SC**

ADDRESS OF BUSINESS: **27051 MCBEAN PARK WAY 107, VALENCIA, CA 91355**

TELEPHONE: **(818) 800-5506**

OWNER OF BUSINESS: **MENGFEI LI**

CAL. DR. LIC.#:

7 6/17/78

NAME OF PERSON FINGERPRINTED:

7

FICTITIOUS NAME: **HEALTH FOOT SPA**

MAILING ADDRESS: **729 E GRAND AVE, SAN GABRIEL, CA 91776**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT**

**LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

Approved

SIGNATURE:

Wp 536470

DATE:

3/30/11

BASIC LICENSE NO. **8430**

DATE **10/19/10**

IDENTIFICATION NUMBER **137854**

10/178

np